



COMMUNITY DEVELOPMENT DEPARTMENT
 BUILDING DIVISION
 17555 PEAK AVENUE
 MORGAN HILL, CA 95037
 (408) 779-7241

For Office Use Only	
Date Submitted	_____
Permit #	_____
Plan Check Fee	_____
GPA Fee - 5%	_____
Total Fees	_____

BUILDING PERMIT APPLICATION WORKSHEET
PLEASE PRINT CLEARLY

SITE INFORMATION

BUILDING ADDRESS _____		Suite # _____
Assessors Parcel # _____	Subdivision Tract # _____	Lot # _____
Geological Area: <input type="checkbox"/> Yes <input type="checkbox"/> No	Flood Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No	

PEOPLE ASSOCIATED WITH PROJECT

<p>PROPERTY OWNER: Name _____ Mailing Address _____ City / State / Zip _____ Phone Number (____) _____ Fax Number (____) _____ <input type="checkbox"/> Owner / Builder <input type="checkbox"/> Owner w/ Contractor</p> <p>ARCHITECT / DESIGNER: Name _____ Mailing Address _____ City / State / Zip _____ Phone Number (____) _____ Fax Number (____) _____ License # _____ Expiration Date: _____</p> <p>CONTRACTOR: Name _____ Mailing Address _____ City / State / Zip _____ Phone Number (____) _____ Fax Number (____) _____</p>	<p>BUSINESS OWNER / TENANT: Name _____ Mailing Address _____ City / State / Zip _____ Phone Number (____) _____ Fax Number (____) _____ (Written approval from property owner will be required)</p> <p>ENGINEER: Name _____ Mailing Address _____ City / State / Zip _____ Phone Number (____) _____ Fax Number (____) _____ License # _____ Expiration Date: _____</p> <p>State Lic.# & Class (Proof Required) _____ Expiration Date: _____ City Business License # _____ Expiration Date: _____ Workers Compensation Policy # _____ Expiration Date: _____</p> <p align="center">(A certificate of insurance for workers' compensation is required prior to issuance)</p>
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PROJECT INFORMATION

DESCRIPTION OF PROPOSED WORK: _____	
CONSTRUCTION VALUATION \$ _____	
Commercial Floor Area _____ (sq ft)	Number of Units _____
Residential Floor Area _____ (sq ft)	Number of Bedrooms _____
Garage Floor Area _____ (sq ft)	Stories _____
Deck _____ (sq ft)	Type of Construction _____
Porch _____ (sq ft)	Occupancy Group _____
Patio _____ (sq ft)	
Accessory Structure _____ (sq ft)	Grading Cubic Yards Cut _____ Fill _____

CHECK APPLICABLE

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Duplex	<input type="checkbox"/> Apt	<input type="checkbox"/> Condo	<input type="checkbox"/> Accessory Structure
<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Repair	<input type="checkbox"/> Demolition	<input type="checkbox"/> Grading	<input type="checkbox"/> Site Development
<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Combo	<input type="checkbox"/> Re-Roof	<input type="checkbox"/> Pool / Spa

ELECTRICAL PERMIT

No. Receptacles/Outlets: _____ No. Switches: _____ No. Lighting Fixtures: _____ Sub Panels: _____ No.

Services Meter Upgrade: _____ Amps Temp Power Temp Power Pole Disconnect Irrigation Meter Pedestal

Spa Motors Illuminated Sign Other _____

MECHANICAL PERMIT

Furnace: Under 100,000 Btu's / Over 100,000 Btu's Heat Pump Condensing Unit Coil Fan / Hood / Ducts

PLUMBING

Re-pipe Fixtures: _____ No. Sinks _____ No. Tubs _____ No. Showers _____ No. Toilets _____ No. Traps

Water Heater Water Service or Main Back Flow Gas Test Gas Line: _____ No. Outlets Gas Meter Upgrade

Building Sewer Sewer Drain Sewer Lateral Roof Drain Storm Drain Other: _____

Note: Additional Commercial Plumbing Maybe Be Subject To Public Works Fees

RE-ROOF

Comp. Conversions Steel Tile Conversion Concrete Tile Conversion Wood Shake Med. Fire Treated

Comp. Overlay Steel Tile Overlay Tar & Gravel Wood Shake Hev. Fire Treated

Are skylights being installed? Yes No

Type of Roof Being Removed _____ Type of Roof Being Installed _____ Number of Squares _____

Life Time of Roof: **20yr 25 yr. 30yr. 40yr. 50yr./Lifetime** Pound of Felt _____ Sheathing Thickness _____

**Note: Class A Roof is Required For Any Home(s) Inside the Fire Zone
(For Fire Zone information please contact the Building Division)**

PLAN CHECK RESPONSES TO BE SENT TO (Please check only one)

Owner Architect / Designer Engineer Contractor

Print Name _____ Signature _____ Date _____

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FEES:

Building Permit _____	Counter Plan Check _____	Burrowing Owl _____
Additional Plan Check _____	GPA Fee 5% - Review _____	TDC _____
Electrical _____	Microfilm _____	Bus. Lic. Review _____
Mechanical _____	Investigation/Red Tag _____	Bus. Lic. Renewal _____
Plumbing _____	Copies _____	Other _____
GPA Fee - 5% _____	Addressing _____	
Seismic _____	Geotechnical _____	
		TOTAL FEES: _____